

11054 U.S. PTO  
06/06/01

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Atty. Dkt. No. 028040-0202

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: EILERTSEN et al.

Title: IDENTIFICATION AND USE OF  
MOLECULAR MARKERS  
INDICATING CELLULAR  
REPROGRAMMING

Appl. No.: Unassigned

Filing Date: Herewith

Examiner: Unassigned

Art Unit: Unassigned

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EL452691554US	6/6/01
(Express Mail Label Number)	(Date of Deposit)
Jodie Price	
(Printed Name)	
	
(Signature)	

jc929 U.S. PTO  
09/876143  
06/06/01

**UTILITY PATENT APPLICATION  
TRANSMITTAL**

Commissioner for Patents  
Box PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (109 pages).;
- ☒ Formal drawings (7 sheets);
- ☒ Table 1 (2 pages);
- ☒ Table 2 (162 pages); and
- ☒ Table 2 (279 pages).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	60	- 20	= 40	x \$18.00	= \$720.00
Independents:	27	- 3	= 24	x \$80.00	= \$1,920.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$270.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00

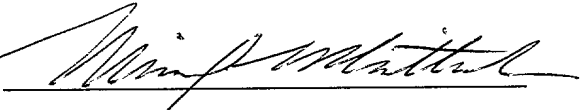
	SUBTOTAL:	=	<u>\$3,750.00</u>
[ ]	Small Entity Fees Apply (subtract ½ of above):	=	<u>\$0.00</u>
	TOTAL FILING FEE:	=	<u>\$3,750.00</u>

- ☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.
- ☒ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☐ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 6, 2001

By 

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